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DEWIPAT File No. 30.024.42.US

Form PTO/SB/122
(Modified)**Change of Correspondence Address
Application****2004**

Application No.	10/817,500	Attorney Docket	ARC2258C1
Filing Date	2004-04-02	Customer No.	
Applicant	Frank Jao et al.	Confirmation No.	3152
Examiner		Art Unit	1615
Title	Antiepileptic Dosage Form and Process for Protecting Antiepileptic Drug		

Please change the Correspondence Address for the above-identified patent application to:

 Customer Number: 30766

OR

<input type="checkbox"/> Firm/Individual Name			
Address			
Address			
City		State	
Country			
Telephone		Fax	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record. Registration Number 42,254.
- Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number ____.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Printed Name	Adenike A. Adewuya		
Signature	<u>Adenike Adewuya</u>		
Date	8/4/2004	Telephone	281-477-3450
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of ___ forms are submitted.			